



**State of Rhode Island
Department of State - Business Services Division**

STAMP

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 486284		2. Exact name of the Corporation Scribbles Academy, Inc.			
3. Principal Office Address 678 Killingly Street			City Johnston	State RI	Zip 02919
4. NAICS Code 624110		6. Brief description of the character of business conducted in Rhode Island Child Daycare and Preschool Services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sherri Charron			Vice-President Name Sherri Charron		
Street Address 678 Killingly Street			Street Address 678 Killingly Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Sherri Charron			Treasurer Name Sherri Charron		
Street Address 678 Killingly Street			Street Address 678 Killingly Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Common	no par value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Sherri Charron					Date 2/19/2024
Signature of Authorized Representative 					

FILED

FEB 20 2024
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